FORM 1

Biosolids Land Application Local Monitoring Expenses

REIMBURSEMENT INVOICE

Page 1 of 1

DEQ USE ONLY Claim No; 20,2 - 00) (4 Activity Dates: County: Date Rec'd: Approval Amount: Evaluator: Permit No:

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional

instructions on how to complete the form.	
I. Claimant Information	
A. Name of Local Government Official:	B. County:
IRACY MGEE	Lunenburg
C. Claimant Mailing Address:	D. City, State E. Zip Code
11413 Courthouse Ad	Lunenburg Va 23952
F. Claimant Telephone No. G. Claimant Fax No. (434) 696-2142 (434) 69	H. Local Monitor Name 16-1798 MANUEL TOOMS
I. Contact Person for Reimbursement J. Contact F	Person Telephone No. K. Contact Person Fax No. (434) 392-6483
II. Monitoring Activity Information (Attach additional separate she	,
A. DEQ Permit No. and Site Identification	B. Farm(er) and Site Location
C. Type of Monitoring Activity and Dates 2-1 Thrue Record Keeping	2 - 2 9 - 2 0 / 2 D. Reimbursable Time and Charges 2 2 4 2 0 0 - 48 0 0 / 70 a 50 = 35 0 0
E. Sampling and Testing Information	F. Name and location of Lab used G. Total Lab Charges
III. Multiple Owner Information (For Local Monitor employed by m	nultiple jurisdictions)
Are the expenses listed above part of a multiple owner payment submission?	?
⊠ Yes □ No	
If you answered "Yes" to the above question, you are required to submi	it this invoice with the multiple owner payment Form 2.
IV. Responsible Official Statement (Please sign name):	un Comple \$ 20
A. Were the listed expenses incurred during the dates included in Part II.0	Colums armi
☐ No 📝	
If you answered "No", please attach the necessary documentation	on to explain the discretance
V. Statement Of Costs	
Produces.	3 2012
A. Are all expenses listed in this invoice complete at the date of this invoice	Total costs claimed for reimbursement in this Invoice
Yes No	£~/
B. Will additional reimbursement costs incurred for monitoring activities site(s) listed above be submitted?	s at the \$3.00
☐ Yes ☑ No	(Feb)
VI. County Administrator Certification (Please print name):	
performed in accordance with the provisions of the Permits and Certificates regulation (9 VAC 25-20):	activities for which reimbursement is sought have been VPA Permit Regulation (9 VAC 25-32) and the Fees for
Oracin See	3-5-12
County Administrator	Date
Manuel A Comb	3-1-2012
Local Monitor	Date



Biosolids Land Application Local Monitoring Activity Details

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Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

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urs Miles Site Identification Number Subtotal Subtotal Expense DESCRIPTION	DESCRIPTION	Expense	Subtotal	Subtotal	Numbe	Site Identification	Miles	Hours	Code	Date